

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

JOSEPH BLAKE
Plaintiff
V.

SUMMONS IN A CIVIL CASE**KATHLEEN DENNEHY, ET AL.,****CASE****C.A. 05-10508-RGS****Defendants****TO: (Name and address of Defendant)**

**KATHLEEN DENNEHY,
COMMISSIONER, MASSACHUSETTS DEPARTMENT OF CORRECTIONS**
50 Maple Street, Suite 3
Milford, Massachusetts 01757

**YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)
JOSEPH BLAKE, PRO SE**

Mass. Treatment Center
30 Administration Rd.
Bridgewater, MA 02324

an answer to the complaint which is herewith served upon you, 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

11/1/05
DATE

SARAH ALLISON THORNTON

CLERK

(By) DEPUTY CLERK



**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF

Joseph Gentle Moose Blake

DEFENDANT

Kathleen Dennehy

COURT CASE NUMBER

C.A.05-10508-RGS

TYPE OF PROCESS

Civil Summons

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Kathleen Dennehy

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 50 Maple Street, Suite 3, Milford, Massachusetts 01757

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Joseph Gentle Moose Blake
30 Administration Road
Bridgewater, MA 02324

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include address, All Telephone Numbers, and Estimated Times Available For Service):
Fold

The defendant being served in this instance is the Commissioner of the Massachusetts Department of Correction and as such is generally available at the above address during normal business hours Monday through Friday.

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

N/A

DA

11-2-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin
No. 58

District to Serve
No. 10

Signature of Authorized USMS Deputy or Clerk

Date

11/08/05

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS: *At 11/08/05 Plaintiff's office in Milford, MA. No contact.*

After several days of attempting to locate Plaintiff's office in Milford, MA. No contact.

NOTE